

RECEIVED AT DRUG SAFETY SURVEILLANCE

19-FEB-1998-0604

McNEIL CONSUMI
FORT WASH

Individual Safety Report

3032479-4-88

Page _

5/83

1 only

A. Patient information

1. Patient identifier Case 228 In confidence	2. Age at time of event: 40 yrs or Date of birth:	3. Sex (X) female () male	4. Weight unk lbs or kgs
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B. Adverse event or product problem

1. X Adverse event and/or Product problem (e.g., defects/malfunctions)

2. Outcomes attributed to adverse event (check all that apply)	() disability
(X) death (mo/day/yr) 1/16/96	() congenital anomaly
() life-threatening	() required intervention to prevent permanent impairment/damage
(X) hospitalization - initial or prolonged	() other:

3. Date of event (mo/day/yr) 1/96	4. Date of this report (mo/day/yr) 02/06/98
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5. Describe event or problem

Case # 228 received from the [redacted] 1996 case fatality data.
See attached case report form provided by [redacted]

FEB 11 1998

6. Relevant tests/laboratory data, including dates

See attached case report form provided by [redacted]

7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

See attached case report form provided by [redacted]

C. Suspect medication(s)

1. Name (give labeled strength & mfr/labeler, if known)	
#1 acetaminophen/butalbital/cafeine	
#2	
2. Dose, frequency & route used	3. Therapy dates (if unknown, give duration) from/to or best estimate
#1 unknown dose, po	#1 1/96
#2	#2
4. Diagnosis for use (indication)	
#1 unknown	
#2	
6. Lot # (if known)	7. Exp. date (if known)
#1 Unknown	#1 Unknown
#2	#2
5. Event abated after use stopped or dose reduced	
#1 () Yes () No (X) N/A	
#2 () Yes () No () N/A	
8. Event reappeared after reintroduction	
#1 () Yes () No (X) N/A	
#2 () Yes () No () N/A	
9. NDC # - for product problems only (if known)	
#1	
#2	
10. Concomitant medical products and therapy dates (exclude treatment of event)	
See attached case report form provided by [redacted]	

G. All manufacturers

1. Contact office - name/address (& mailing site for devices)		2. Phone number
McNeil Consumer Products Company Medical Affairs 7050 Camp Hill Road Ft. Washington, PA 19034		215-233-7820
4. Date received by manufacturer (mo/day/yr) 01/30/98		3. Report source (check all that apply)
6. H IND, protocol #		() foreign
7. Type of report (check all that apply)		() study
() 5-day (X) 15-day		(X) literature
() 10-day () periodic		() consumer
(X) initial () follow-up #		(X) health professional
9. Mfr. report number		() user facility
0929449A		() company representative
5. (A) NDA # 17-552		() distributor
IND #		() other:
PLA #		
pre-1938 () Yes		
OTC product (X) Yes		
8. Adverse event term(s)		
SOMNOLENCE STUPOR		
HYPERKALEMIA CREATININE INC		
LIVER FUNC ABNO ACIDOSIS		
DEATH		

E. Initial reporter

1. Name, address & phone #		
[redacted] MD		
[redacted] Centers		
Suite [redacted] Avenue		
[redacted]		
2. Health professional?	3. Occupation	4. Initial reporter also sent report to FDA
(X) Yes () No	physician	() Yes () No (X) Unk



Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.



19-FEB-1998-0605



3032479-4-01

TESS FATALITY: 1996

Case Number: 228

Age: 40 yrs

Substances: Acetaminophen/butalbital/caffeine

Chronicity: Acute on chronic

Route: Ingestion

Reason: Int Unknown

Pre-Hospital Arrest? No

On January 14, 1996 at 1222 a doctor contacted the Poison Control Center about a 40 year old female who had been sleeping for 2 days prior to admission according to her mother. The patient was discharged from a correctional institution immediately prior to that and went to the dentist for oral surgery. She allegedly ingested unknown amounts of Vicodin, Tylenol #3, and carisoprodol (Soma) at that time.

In the emergency department she was described as unresponsive to painful stimuli. Vital signs were unavailable. Initial laboratory tests were sodium 141 (135-145 mEq/L), potassium 6* (3.5-5 mEq/L), chloride 101 (95-106 mEq/L), CO₂ 12* (24-30 mEq/L), BUN 14 (5-25 mg/dl), creatinine 4* (0.5-1.5 mg/dl), AST 2830* (0-45 IU/L), ALT 3010* (0-45 IU/L), LDH 2307* (50-170 IU/L), CPK 1224* (0-255 IU/L), pH 7.17* (7.35-7.45 mmHg), pO₂ 51* (65-77 mmHg), pCO₂ 29* 34-46 mmHg, O₂ Sat 100% (90-100%).

Toxicology analysis of serum revealed acetaminophen 4.9 ug/ml, aspirin 0 mg/dl, ethanol 3 mg/dl, butalbital 72 ug/ml. Toxic screen of urine was positive for benzodiazepines, barbiturates, and opioids.

The patient was intubated and put on assisted ventilation after receiving the following: sodium bicarbonate, lidocaine, dopamine, norepinephrine and isoproterenol infusions, dextrose 50%, thiamine and naloxone 10 mg (without response). The patient rapidly deteriorated over the next day and expired on 1/16/96.

Autopsy results are pending.